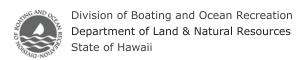




1. PERMIT INFORMATION				
Island (✔one): ☐ Hawaii ☐ Kauai	□ Lanai □ Maui □ Molokai □ Oah	u	OFFICE USE ONLY	
Location:	Mooring Permit #:		Date Received:	
Usage Type (✔one): ☐ Ramp Use ☐ Commercial Use ☐ Vessel Moored Elsewhere ☐ Charter Bare Boat ☐ Charter Sail ☐ Photo				
2. APPLICANT INFORMATION (Responsible Party)				
Name (Last):	(First):	(M.I.):	Suffix:	
Date of Birth: / / Gender: □ Female □ Male Occupation:				
Employer:				
Phone (business):	(home):	mail:		
Mailing Address:			Apt.#	
City:	State: Zip 0	Code:		
Billing Address (if different than mailing a	nddress):		Apt.#	
City:	State: Zip 0	Code:		
	3. BUSINESS INFORMATION			
3. BUSINESS INFORMATION				
	Website:			
Business Name:	Website: er □ Administrator □ Coordinator □ Au			
Business Name: Owner Business Role of Contact Person: □ Owner		thorized Agent		
Business Name: Owner Business Role of Contact Person: □ Owner	er 🗖 Administrator 🗖 Coordinator 🗖 Au	thorized Agent		
Business Name: Owner Contact Name (Last): Date of Birth: /	er 🗖 Administrator 🗖 Coordinator 🗖 Au	thorized Agent(M.I.): Phone (mobile):		
Business Name: Owner Contact Name (Last): Date of Birth: / Business Address:	er Administrator Coordinator Au (First): Phone (business):	thorized Agent(M.I.): Phone (mobile):	Suffix:	
Business Name: Business Role of Contact Person: Owner Contact Name (Last): Date of Birth: / / Business Address: Address Line 2:	er Administrator Coordinator Au (First): Phone (business):	thorized Agent(M.I.): Phone (mobile):	Suffix:	
Business Name: Business Role of Contact Person: Owner Contact Name (Last): Date of Birth: / / Business Address: Address Line 2:	er Administrator Coordinator Au (First): Phone (business):	thorized Agent (M.I.): Phone (mobile):	Suffix:	
Business Name: Owner Contact Name (Last): Date of Birth: / Business Address: Address Line 2: City:	er Administrator Coordinator Au (First): Phone (business):	thorized Agent (M.I.): Phone (mobile):	Suffix:	
Business Name: Owner Contact Name (Last): Date of Birth: / Business Address: Address Line 2: City: 4. VESSEL OWNER INFORMATION	er Administrator Coordinator Au (First): Phone (business): State: Zip	thorized Agent (M.I.): Phone (mobile): Code:	Suffix:	
Business Name: Owner Contact Name (Last): Date of Birth: / Business Address: Address Line 2: City: 4. VESSEL OWNER INFORMATION Check if Same as Applicant	er Administrator Coordinator Au (First): Phone (business): State: Zip (First):	thorized Agent (M.I.): Phone (mobile): Code: (M.I.):	Suffix:	
Business Name: Business Role of Contact Person: Owner Contact Name (Last): Date of Birth: / / Business Address: Address Line 2: City: 4. VESSEL OWNER INFORMATION Check if Same as Applicant Owner's Name (Last):	er Administrator Coordinator Au (First): Phone (business): State: Zip (First): / Gender: Female Male	thorized Agent (M.I.): Phone (mobile): Code: (M.I.): Phone:	Suffix: Room/Suite#:	





APPLICATION FOR COMMERCIAL USE PERMIT (Continued)